Form

North Dakota Office of State Tax Commissioner



ND-1 Individual income tax return 2001

Your Social Security Number	Spouse's Social Security Number	
Your name (First, MI, Last name)	If joint return, spouse's name (First, MI, La	ast name)
Mailing address		
City, State, Zip code	_	
A. Filing status □ 1. Single □ 4. Head of Housed on federal □ 2. Married filing joint return □ 5. Qualifying warreturn: (Fill in □ 3. Married filing separate return dependent cloonly one) B. Residency status: □ 1. Full-year resident (Fill in only one) □ 2. Full-year nonresident ► Fill in one	widow(er) with hild only if applicable:	al year filer ONLY:
☐ 3. Part-year resident (See pa		nter fiscal year beginning date
	vou required to pay Yes ted federal income tax	nter fiscal year ending date
(See page 9) for 200	117 (See nage 9) —	e only: Composite return [(CF)
 Federal taxable income from line 39 of your Form 1040 Form 1040 EZ, or line K of TeleFile Tax Record	(SS) 1	
5. Add lines 1 and 4	5	
Subtraction		
6. Interest from U.S. obligations (Attach supporting statement)7. Net long-term capital gain exclusion (From worksheet in instructions)		
8. Exempt income of a Native American9. Benefits received from U.S. Railroad Retirement Board (Attach copy of Form RRB-1099/RRB-1099-R or both)		
10. Income from pass-through entity subject to North Dakota's financial institution tax (Attach statement from entity)	(S6) 10	
11. Renaissance zone income exemption (Attach Schedule RZ)	(S7) 11	
12. Total subtractions. Add lines 6 through 11	12	
13. North Dakota taxable income. Subtract line 12 from 1	line 5. If less than zero, enter 0 (ND) 13	
14. Tax - See page 11 of instructions	(SB) 14	

North Dakota Office of State Tax Commissioner

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.5. Enter your tax from line 14 of page 1	<u></u>		15
Credits 16 Cradit for income tay poid to enother state (Attach Schedule ND 16	(SD) 15		
.6. Credit for income tax paid to another state (Attach Schedule ND-1C	,		
17. Family member care credit (Attach Schedule FC)	(S2) 17		
18. Renaissance zone credit (Attach Schedule RZ)	(S3) 18		_
19. Agricultural commodity processing facility investment credit (Attach investment reporting form)	(NE) 19		<u> </u>
	(1)=> 00		
20. Credit for unused federal credit for prior year minimum tax			
21. Total credits. Add lines 16 through 20			21
22. Net tax liability. Subtract 21 from line 15. <i>If less than zero</i>	o, enter 0	(SE)	22
Withholding and/or tax already paid			
3. North Dakota withholding (Attach supporting W-2s and 1099s)	(SF) 23		
24. Estimated tax paid plus overpayment applied from 2000 return	(S&) 24		_
• If line 25 is MORE than line 25. Total payments. Add lines 23 and 24. ■ If line 25 is LESS than line	ne 22, complete lines e 22, complete lines	s 26 through 30. 31 through 34.	25
Refund	_		
26. Overpayment - If line 25 is MORE than line 22, subtract line 22	from 25 and enter re	esult;	26
otherwise, go to line 31. <i>If result is less than \$5.00, enter</i>	΄ υ	(SG)	
27. Amount of line 26 that you want applied to your 2002 estimated tax	(50) 27		<u> </u>
Cstillated tax	(3Q) <u>Z</u> /		
28. Voluntary contribution to Watchable Wildlife Fund			_
28. Voluntary contribution to Watchable Wildlife Fund	(SP) 28		
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28. Voluntary contribution to Watchable Wildlife Fund 29. Voluntary contribution to Trees for ND Program Trust Fund 30. Refund. Line 26 less lines 27, 28, and 29. If result is less the	(SP) 28 (SW) 29 (SW) 29	0 (SR)	30
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